

AGWARA & ASSOCIATES
ATTORNEYS AT LAW
4693 E. FLAMINGO RD.
LAS VEGAS, NEVADA 89121

LIBO AGWARA, ESQ.

PH: (702) 385-4800
FAX: (702) 385-4900

September 2, 2016

Via U.S. Certified Mail and Facsimile – (775) 850-1444

Nevada State Board of Pharmacy
Attention: S. Paul Edwards
431 W. Plumb Lane
Reno, Nevada 89509

Re: Our Client: Emmanuel Biabene
Entity : Ozomor Medical Supplies, Inc.
Purpose: Petition for Reconsideration

Dear Mr. Edwards:

Please be advised that Emmanuel Biabene ("Mr. Biabene") has retained this office in connection with your denial of Ozomor Medical Supplies, Inc.'s application for MDEG licensure. Accordingly, please do not contact Mr. Biabene directly, except for purposes of scheduling inspections. Instead, you should direct any and all future communication regarding this matter to the attention of the undersigned.

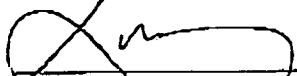
In your denial letter, dated August 4, 2016, you state various grounds for the denial of Mr. Biabene's application for Ozomor's license, including the fact that Mr. Biabene's 50 percent partner, Festus Ebonka, is an APRN. Please note that by August 4, 2016, when the Board denied his application, Mr. Biabene owned, and still owns, 100 percent of the shares of Ozomor. Mr. Biabene further denies that he did not address the deficiencies identified by the Board's inspectors prior to the Board's decision to deny his application.

In light of the foregoing, please accept this letter as Mr. Biabene's official petition to the Board for reconsideration of his application. Indeed, Mr. Biabene has taken all corrective measures necessary to cure any and all deficiencies previously identified, and is prepared to submit such evidence to the Board. Mr. Biabene requests the Board to conduct re-inspections of the Ozomor Medical Supplies, Inc. facilities to confirm that these corrective measures have been successfully implemented, and that compliance has been achieved.

Re: Ozomor Medical Supply

Should you have any questions or need additional information, please do not hesitate to contact this office.

Yours Truly,

A handwritten signature in black ink, appearing to read 'Liborius Agwara', written over a horizontal line.

LIBORIUS AGWARA, ESQ.

LA/htd

CC: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

-- Emmanuel Biabene



NEVADA STATE BOARD OF PHARMACY

OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

August 4, 2016

VIA U.S. CERTIFIED MAIL

9171 9690 0935 0097 3147 66

Emmanuel Biabene
Ozomor Medical Supplies, Inc.
1729 E. Charleston #C
Las Vegas, NV 89104

Re: Notice of Denial of Application

Dear Mr. Biabene:

As you are aware, on July 20, 2016, the Nevada State Board of Pharmacy (Board) considered and denied your application for either a change of ownership, or a new Nevada Medical Device, Equipment & Gases license, for Ozomor Medical Supplies, Inc. (Ozomor).

The Board denied the application to the extent it sought a change of ownership because Nevada law does not allow for a change of ownership of a MDEG product provider license. *See* NAC 639.6947. A proposed new owner's only option is to apply for a new MDEG license.

In light of that regulation, the Board also considered your application as an application for a new MDEG license. It also denied that application. That decision was based in part on your disclosure that fifty percent (50%) of the business would be owned by Festus Ebonka, an Advanced Practice Registered Nurse (APRN). An APRN is a practicing health professional, as that term is defined in NAC 639.6943(2). The law prohibits the Board from issuing an MDEG license to an entity where a practicing health professional owns or controls ten percent (10%) or more of the facility. NAC 639.6943(1).

Additionally, the Board asked you, as the proposed owner and current operator of Ozomor, to address significant deficiencies found by the Board Inspectors during various visits to your facilities. You were unable to address those deficiencies to the Board Members' satisfaction.

The Board Members further expressed concerns with the condition of the facility, the condition of the inventory, inadequacies in Ozomor's records, and the failure by you and the prior owner of Ozomor to notify the Board of an ownership change—which you testified occurred approximately 12 months ago—and to apply for a new MDEG license as required by

NAC 639.6947. Based on the information presented and hearing testimony regarding those prior issues, the Board found various grounds under NRS 639.210 to deny the application.

Therefore, Ozomor Medical Supplies, Inc., does not have a MDEG license. It therefore cannot operate, except to service, maintain, repair or otherwise satisfy the prior outstanding obligations of the business. The business should temporarily continue to meet those servicing, maintenance and report obligations until all patients find new licensed service providers. Without a license, Ozomor cannot do any new business, or take on any new patients.

You have the right under NRS 639.139 to petition the Board for reconsideration of your application if you feel you could present additional evidence that would result in a different outcome. The statute provides in relevant part:

NRS 639.139 Denial of application: Procedure for reconsideration.

1. At any time within **30 days after receipt of the notice of denial** of an application, the applicant **may petition the Board for reconsideration** of the application. The petition must set forth a denial, in whole or in part, of the violations alleged and a statement that the applicant is prepared to submit evidence in support of the denial of the allegations.

....

(Emphasis added.)

If you opt to exercise your right to petition the Board for reconsideration, please submit that petition and all supporting evidence you wish to present to the Board's offices at 431 W. Plumb Lane, Reno, Nevada 89509, within thirty (30) days of receipt of this notice.

Please feel free to contact me if you have questions.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: MP or MW _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: EMMANUEL BIABENE OZOMOR medical Supplies INC.

Physical Address: 4481 W. RENO AVE, LAS VEGAS, NV 89118
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME AS ABOVE

City: LAS VEGAS State: NV Zip Code: 89118

Telephone: 702 629-6845 Fax: 702 629 5054

E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:00 Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9:00 to 5PM
Fri: 9AM to 5PM Sat: CLOSED Sun: CLOSED Holidays: CLOSED

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: EMMANUEL BIABENE

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: EMMANUEL BIABENE Telephone: 702 629 6845

92465

This page must be submitted for all types of ownership.

6466110001		
1720306889		

- Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Emmanuel Biabene

Original Signature of Person Authorized to Submit Application, no copies or stamps

EMMANUEL BIABENE

Print Name of Authorized Person

11/20/2015

Date

Board Use Only

Received:

4/12/16

Amount:

500-

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A PARTNERSHIP

List names of 4 largest partners and percentage of ownership:

Name: EMMANUEL BIABENÉ %: 50
Name: FESTUS EBONKA %: 50
Name: N/A %: N/A
Name: N/A %: N/A

Partnership Name: OZOMOR MEDICAL SUPPLIES

Mailing Address: 4481 W. RENO AVE

City: LAS VEGAS State: NV Zip Code: 89118

Telephone Number: 702 629 6845 Fax Number: 702 629 5054

Contact Person: EMMANUEL BIABENÉ

PARTNERSHIP

Include with the application for a partnership

Complete personal history record for each partner. Must be original signature(s), no copies or stamps. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 03/31/2016

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG
Nature of License
020MOR MEDICAL SUPPLIES INC, 4481 W. RENO AVE., LAS VEGAS, NV 89118
Name and Address of Establishment for Which License Is Requested
NOT APPLICABLE
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name <u>BIABENE</u>		First Name <u>EMMANUEL</u>		Middle Name <u>MOMATE</u>	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>BIABENE MOMATE EMMANUEL</u>					
Present Residence Address-Street or RFD <u>4481 W. RENO</u>		City <u>LAS VEGAS</u>		State/Zip <u>NV 89118</u>	
Present Business Address <u>DIRECTOR OF OPERATION</u>		City <u>LAS VEGAS</u>		State/Zip <u>702 629 6845</u>	
Occupation <u>GOMA, CONGO-KINSHASA</u>		Phone: Residence		Business	
Date of Birth <u>39</u>		Place of Birth (City, County, State) <u>MALE</u>			
Age <u>BROWN</u>		Social Security Number <u>BLACK</u>		Sex <u>180</u>	
Color of Eyes <u>5'7"</u>		Color of Hair <u>Build</u>		Height	

Scars, tattoos or distinguishing marks and/or characteristics PRESCRIBED GLASSES

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. N/A

If naturalized, certificate N 01/25/2013 Date

Place US DISTRICT COURT, LAS VEGAS, NV (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial EB

MARITAL INFORMATION-Continued

A. **Current Marriage** , Las Vegas, Clark County, Nevada
 Date
 Spouse's full name (Maiden) PRISCILLA BUNYERE BIABENE City, County and State
 S.S. No
 Date of Birth 12/24/1984 Place of Birth CONGO - KINSHASA
 Resident address 3831 MCGREGOR WAY N. LAS VEGAS NV 89032
 Street City State Zip
 Telephone: Residence Business
 Spouse's employer EXCALIBUR Occupation GUEST ROOM
 Address of employer 3850 S. LAS VEGAS LAS VEGAS NV 89109
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
NIA	NIA	NIA	NIA	NIA
NIA	NIA	NIA	NIA	NIA
NIA	NIA	NIA	NIA	NIA

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
NIA	NIA	NIA	NIA	NIA	NIA
NIA					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Residence Address

B. **Child Support Information:**

Please mark the appropriate response:

- ☒ I am not subject to a court order for the support of child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial EB

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/AAddress N/AContact person N/A**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
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Father

MOMA KWASSA	UNKNOWN	CONGO-KINSHASA	UNKNOWN
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Mother

ROSALIE KABUO KAPITULA	UNKNOWN	CONGO-KINSHASA	UNKNOWN
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Father-in-Law

PROCIS			
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Mother-in-Law

CECILE KARUNGO			
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D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
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MZEE MOMA	UNKNOWN	CONGO-KINSHASA	UNKNOWN
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Spouse

UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
---------	---------	---------	---------

BAGUMA BIABENE	UNKNOWN	CONGO-KINSHASA	UNKNOWN
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Spouse

UNKNOWN	UNKNOWN	CONGO-KINSHASA	UNKNOWN
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REBECCA BIABENE	UNKNOWN	CONGO-KINSHASA	UNKNOWN
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Spouse

UNKNOWN	UNKNOWN	CONGO-KINSHASA	UNKNOWN
---------	---------	----------------	---------

MANU BIABENE	UNKNOWN	CONGO-KINSHASA	UNKNOWN
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Spouse

UNKNOWN	UNKNOWN	CONGO-KINSHASA	UNKNOWN
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4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
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Grammar School	ÉCOLE PRIMAIRE KARISIMBI	CONGO KINSHASA 7/82-9/90	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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High School	COLLEGE MWANGA	CONGO KINSHASA 7/92-10/99	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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College University	UNIVERSITE LIBRE DES PAYS DES GRANDS LACS	CONGO 5/20-7/2004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Other	UNIVERSITY OF PHOENIX	4/10 - 10/12	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Type of degree obtained, if any ASSOCIATE DEGREECollege or university where obtained UNIVERSITY OF PHOENIXApplicant's initial EB

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch NIA Date of entry-active service NIA

Date of separation NIA Type of discharge NIA

Rating at separation NIA Serial number NIA

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County NA State NIA Date registered NIA

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>NIA</u>			<u>NIA</u>	<u>NIA</u>	
<u>NIA</u>	<u>NIA</u>		<u>NIA</u>	<u>NIA</u>	
<u>NIA</u>		<u>NIA</u>		<u>NIA</u>	

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? NIA city, county and state NIA

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? NIA city, county and state NIA

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date
<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	
	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	
<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	

Applicant's initial E.B.

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
NIA		NIA		NIA
	NIA		NIA	
NIA				NIA

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
NIA	NIA	NIA
NIA	NIA	NIA
NIA	NIA	NIA
NIA	NIA	NIA

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
11/2014 TO DATE	3831 MCGREGOR WAY	N. LAS VEGAS	NV 89032
11/2010 to 10/2014	2612 INNOVATION CT	N. LAS VEGAS	NV 89031
10/2008-10/2010	810 M STREET	LAS VEGAS	NV 89106
02/2008-09/2008	2635 LYNNWOOD ST. #310	LAS VEGAS	NV 89104
08/2007-01/2008	710 EAST SAHARA AVE	LAS VEGAS	NV 89104
08/2004-07/2007	KAKUMA CAMP	KAKUMA	KENYA
12/1976 - 07/2004	GOMA	GOMA	CONGO-KINSHASA
NIA	NIA	NIA	NIA
NIA	NIA	NIA	NIA
NIA	NIA	NIA	NIA
NIA	NIA	NIA	NIA

Applicant's initial EB

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
01/2015	OZOMOR MEDICAL SUPPLIES 4481 W. RENO	STILL
Title	Description of Duties	Name of Supervisor
DIRECTOR OF OPERATION	ADMINISTRATION & SUPERVISION	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/2013	LACANADA PEDIATRICS 3006 S. MARYLAND PKWY	POWER STRUGGLE
Title	Description of Duties	Name of Supervisor
OFFICE MANAGER	SUPERVISION & ADMINISTRATION	DR ABBAS KINGO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2010	TEARRIBLE HERBST 3440 W. RUSSEL RD	JOB ENRICHMENT
Title	Description of Duties	Name of Supervisor
CASHIER	CASH HANDLING & CUSTOMER CARE	BROOKE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/2009	USCENSUS BUREAU LAS VEGAS NV	END OF 2010 CENSUS
Title	Description of Duties	Name of Supervisor
CREW LEADER	SUPERVISION and DATA ENTRY	DIANE IRELAND
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/2008	CATHOLIC CHARITIES 1501 N LAS VEGAS BLVD	LACK OF JOB PLACEMENT
Title	Description of Duties	Name of Supervisor
JOB DEVELOPER	REFUGEES JOB PLACEMENT	LISA LEONE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2007	STRATOSPHERE CASINO LAS VEGAS NV	JOB ENRICHMENT
Title	Description of Duties	Name of Supervisor
BAR PORTER	ASSIST BARTENDER IN ALL THEIR NEED	LORI WIRBACKY
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
09/2005	IRC KAKUMA HOSPITAL KAKUMA/KENYA	RESETTLEMENT
Title	Description of Duties	Name of Supervisor
HOSPITAL ADMINISTRATOR	ADMINISTRATION & SUPERVISION	DR SAMORA OTIENO
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
02/2002	OREAP CONGO-KINSHASA	WAR
Title	Description of Duties	Name of Supervisor
ASSISTANT GENERAL MANAGER	ADMINISTRATION & SUPERVISION	PROSPER MUGARUKA

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial EB.

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>CRAIG CARAWAY</u>	Home <u>1407 BAREBACK CT, HENDERSON</u>					<u>6 YEARS</u>
Employer <u>CITY OF HENDERSON</u>	Business					
Name <u>DAN VIRKLER</u>	Home <u>7737 PARAKEET AVE LAS VEGAS</u>					<u>8 YEARS</u>
Employer	Business					
Name <u>JEAN-MARIE BOLA</u>	Home <u>10508 GLOWING COVE LAS VEGAS</u>					<u>8 YEARS</u>
Employer <u>Sun Coast Casino</u>	Business					
Name <u>BROOKE</u>	Home					<u>2 YEARS</u>
Employer <u>TERRIBLE HERDST</u>	Business					
Name <u>Jeffrey Hanks</u>	Home					<u>7 YEARS</u>
Employer <u>CLARK COUNTY</u>	Business <u>COURT INTERPRETOR'S OFFICE</u>					

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>VALUABLE DOCUMENTS</u>	<u>WELLS FARGO</u>	<u>LAS VEGAS NV</u>	<u>EMMANUEL BIABENE</u>
<u>NIA</u>	<u>NIA</u>	<u>NA</u>	<u>NIA</u>
<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>
<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>
<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>
<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>
<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>	<u>NIA</u>

Applicant's initial EB.

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒ *N/A*

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ *N/A*

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒ *N/A*

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒ *N/A*

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒ *N/A*

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒ *N/A*

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ *N/A*

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A



Date of photograph *03/31/2016*

Applicant's initial *EB*

STATE OF Nevada

SS.

COUNTY OF Clark

I, EMMANUEL MOMATE RIABENE, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

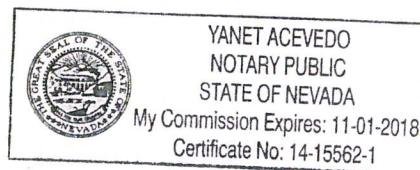
Emmanuel Riabene

Original Signature of Applicant

Subscribed and Sworn to before me this 7th day of

April, 2016

Yanet Acevedo
Notary Public



(seal)

Applicant's initial EB Page 9